

L10000084344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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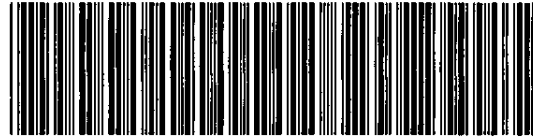
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINGERPRINT TECH, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS A. MACCHI

Name of Person

WEALTH PROJECTS

Firm/Company

P. O. BOX 161976

Address

MIAMI, FL 33116-1976

City/State and Zip Code

macchiinsnbellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS A. MACCHI

Name of Person

at (305) 967-0471

Area Code

Daytime Telephone Number

305 200-8536 FAX

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL
STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FINGERPRINT TECH, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/11/2010 and assigned Florida document number L10000084344.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FINGERPRINT TECH LLC

5246 S.W. 8 STREET SUITE 103-B

CORAL GABLES, FL 33134-2375

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FINGERPRINT TECH, LLC

5246 S.W. 8 STREET SUITE 103-B

CORAL GABLES, FL 33134-2375

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAMARIS DE LA PORTILLA

New Registered Office Address:

5246 S.W. 8 STREET SUITE 103-B

Enter Florida street address

CORAL GABLES, Florida 33134-2375

City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Damaris De La Portilla
If Changing Registered Agent, Signature of New Registered Agent

MGR= Manager .
AMBR = Authorized Member

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FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 31, 2014



Signature of a member or authorized representative of a member

DAMARIS DE LA PORTILLA

Typed or printed name of signee

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Filing Fee: \$25.00

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